



# Asia Pacific Community of Practice on HIV, Gender and Human Rights

Summary of E-discussion on

## Linkages between Violence-Against-Women and HIV in Asia and the Pacific

25 November to 10 December • 2012

a partnership initiative with



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## **The Asia Pacific Community of Practice on HIV, Gender, and Human Rights [HIV-APCoP]**

is an interactive and dynamic knowledge network jointly established by UNDP, UNAIDS, UN Women, UNOHCHR, and APN+ in response to the challenges faced by the Asia Pacific countries on HIV, gender, and human rights. The HIV-APCoP is supported by the Asia-Pacific UN Interagency Task Team on Women, Girls, Gender Equality and HIV.

This network is open to a broad range of actors working on these issues, including all relevant UN family partners, networks of people living with HIV, national and local governments, key civil society organizations, and academic and research institutions.

This publication has been prepared by the UNDP Asia-Pacific Regional Centre on behalf of UNDP, UNAIDS, UN Women, OHCHR and APN+.

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## Introduction

From 25 November to 10 December 2012 the Asia Pacific Community of Practice on HIV, Gender and Human Rights (HIV-APCoP) held an e-discussion on linkages between violence-against-women (VAW) and HIV, coinciding with the 16 Days of Activism on violence-against-women<sup>1</sup>. The e-discussion was conducted to engage with the HIV-APCoP's diverse membership of UN agencies, networks of people living with HIV, national and local governments, civil society organizations and academic and research institutions, to inform a Discussion Paper on HIV and violence-against-women<sup>2</sup> that has been commissioned by the Asia-Pacific United Nations Interagency Task Team on Women, Girls, Gender Equality and HIV (IATT). A survey was conducted in early July 2012 prior to the e-discussion to collect inputs on available research, policies and programmes on VAW and HIV and sought to identify the major gaps in evidence, policies and programmes.

The e-discussion sought inputs from the diverse membership of the HIV-APCoP to identify:

- Members views on the linkages between violence-against-women and HIV in the Asia-Pacific region; and
- Practical ways of addressing the intersection of violence-against-women and HIV

Over 30 members participated in the survey and online discussion. The contributions were insightful and of strong quality. Activity on the website indicated widespread reach of content of the discussion. Over the duration of the e-discussion the HIV-APCoP website received visits from 143 different users from 36 countries, including from 19 countries in the Asia Pacific region. In addition, every contribution to the e-discussion was disseminated via email to the HIV-APCoP's 500+ members.

The HIV-APCoP would like to extend a special thanks to guest moderator Ms. Neelanjana Mukhia, founding member of the international 'Women Won't Wait Campaign' on the intersection of violence-against-women and HIV.

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1 For more information visit <http://saynotoviolence.org/join-say-no/2012-16-days-activism-against-gender-violence-campaign>

2 The Discussion Paper is expected to be published in mid 2013.

## Message from Neelanjana Mukhia, Guest Moderator

*Neelanjana Mukhia is a founding member of the international campaign on the intersection of violence against women and HIV 'Women Won't Wait Campaign', and managed the international secretariat of the campaign since its inception up to late 2010. She has been working on women's rights and gender equality issues for 15 years in South Asia and internationally, including in Africa, and has published widely on issues relating to women's empowerment and gender equality.*

I am delighted to launch this e-discussion on violence-against-women and HIV on the first day of the 16 Days of Activism on Violence against Women.

Violence-against-women is an egregious violation of women's human rights and at the same time is a manifestation of and instrument to maintain women's subordination. According to the UN Secretary General's report<sup>3</sup>, violence against women maintains "control over women's sexuality and reproductive capacity and exploitation of women's productive and reproductive work." All women may be at risk of violence; however, it is critical to acknowledge the power and privilege imbalances that exist amongst different groups of women which can further exacerbate risk of violence as well as inhibit access to justice. The risk of violence can increase significantly for women who face multiple and intersecting discriminations<sup>4</sup> on the basis of their class, caste, race, age, ethnicity, sexual orientation, gender identity, etc. In the context of HIV, this includes women who face multiple discriminations, often sanctioned by the state, on the basis of their HIV status (women living with HIV), work (sex workers) and addiction (women who inject drugs).

Despite a robust global policy framework, limited evidence from the region illustrating the nature of the linkages between violence-against-women and HIV (both explicit and implicit) continues to undermine efforts to address the twin epidemics through effective, evidence-based programmatic interventions.

The Asia-Pacific UN Interagency Task Team on Women, Girls, Gender Equality and HIV(IATT) has commissioned a discussion paper reviewing the evidence of the linkages between violence-against-women and HIV, contextually specific to the Asia Pacific region. The paper will collate information available on the inter-linkages in the region and help develop a common position on the issue.

3 In-depth study on all forms of violence against women, Report of the Secretary-General, 2006, <http://www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm>

4 The Declaration on the Elimination of Violence Against Women (UN General Assembly, 1993) acknowledges the fact that particular groups of women are especially prone to be targeted for violence, including minority, indigenous and refugee women, destitute women, women in institutions or in detention, girls, women with disabilities, older women and women in situations of armed conflict.

“Despite a robust global policy framework, limited evidence from the region illustrating the nature of the linkages between violence-against-women and HIV (both explicit and implicit) continues to undermine efforts to address the twin epidemics through effective, evidence-based programmatic interventions.

NEELANJANA MUKHIA,  
GUEST MODERATOR

The research has identified the following evidence in the Asia Pacific region:

### Violence as a risk factor for HIV<sup>5</sup>

- In Asia Pacific most studies exploring the relationship between violence-against-women and HIV have been limited to India.
  - A study with husband-wife dyads in India found that abusive husbands were more likely to acquire HIV than non-abusive husbands and the HIV risk for women in violent relationships was seven times greater than that of women not in violent relationships<sup>6</sup>.

### HIV as a risk factor for violence

- Few studies show prevalence of intimate partner violence among women living with HIV.
  - One study in rural and urban India found that women living with HIV were more likely to report forced sex and domestic violence than women who were not HIV positive. Another study, also from India, found that 42 percent of women visiting voluntary counseling and testing for HIV centers who tested positive reported intimate partner violence. Of these, 18 percent believed the cause of violence was their status.<sup>7,8</sup>

### Violence against sex workers<sup>9</sup>

- Studies show female, male and transgender sex workers face endemic violence from various perpetrators and at a range of different sites.
  - In India, up to 35 percent of female sex workers face intimate partner violence; in Pakistan, up to 66 percent face physical violence and 34 percent faced sexual violence; in China, 55 percent faced emotional

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5 Program on International Health and Human Rights, Harvard School of Public Health, 2011. Gender Based Violence and HIV.

6 Decker MR, Seage GR 3rd, Hemenway D, et al., 2009. Intimate partner violence functions as both a risk marker and risk factor for women's HIV infection: findings from Indian husband-wife dyads. *J Acquir Immune Defic Syndr* 2009;51(5):593-600

7 However, the study did not conclusively establish whether the violence started with disclosure of HIV status or if the HIV was another trigger for violence.

8 Chandrasekaran V, Krupp K, George R, Madhivanan P, et al. Determinants of domestic violence among women attending an Human Immunodeficiency Virus voluntary counseling and testing center in Bangalore, India. *Indian J Med Sci* 2007;61(5):253-62.

9 UNFPA, CASAM/APNSW, UNDP, Partners for Prevention, 2012. Sex Work and Violence: Understanding Factors for Safety & Protection - Desk Review of literature from and about the Asia Pacific region.

violence, 20 percent faced physical violence and 16 percent faced sexual violence<sup>10</sup>.

- In China, up to 70 percent of female sex workers face violence from clients; in India, up to 56 percent; in Cambodia, female and transgender sex workers are at particular risk of violence from gangs<sup>11</sup>.
- In Cambodia, freelance and brothel based female sex workers report physical and sexual violence, with the highest incidents reported by women in brothel-based sex work (75 percent physical and 57 percent sexual violence)<sup>12</sup>.
- Sex workers face violence from law enforcement authorities. Police surveillance can increase harassment and violence.
  - In Fiji, police surveillance and the threat of criminal sanction affects sex workers' ability to safely negotiate condom usage with clients, thereby increasing their risk of HIV transmission<sup>13</sup>.
- Sex workers' inability to enforce effective condom usage is a consequence of actual or threat of violence, regardless of who the perpetrator is.
  - In Thailand, sex workers who had experienced violence were twice as likely to report condom failure; in India, sex workers who report violence are less likely to have access to HIV prevention information and

“Sex workers' inability to enforce effective condom usage is a consequence of actual or threat of violence, regardless of who the perpetrator is.

NEELANJANA MUKHIA,  
GUEST MODERATOR

10 For more see, Shahmanesh, Maryam, V Patel, D Mabey & F Cowan, 2008. "Effectiveness of interventions for the prevention of HIV and other sexually transmitted infections in female sex workers in resource poor setting: a systematic review." *Tropical Medicine and International Health* Vol. 13 no. 5: 1-21; Hawkes, Sarah & others, 2009. "HIV and other sexually transmitted infections among men, transgenders and women selling sex in two cities in Pakistan: a cross-sectional prevalence survey." *Sexually Transmitted Infections*, Vol. 85 Suppl. 2:8-16; Chen Zhang, Xiaoming Li, Yan Hong, Yiyun Chen, Wei Liu, Yuejiao Zhou, 2012. "Partner Violence and HIV Risk Among Female Sex Workers in China." *AIDS and Behavior*, May;16(4):1020-30.

11 For more see Choi, Susanne YP, KL Chen, & ZQ Jiang, 2008. "Client-Perpetuated Violence and Condom Failure Among Female Sex Workers in Southwestern China." *Sexually Transmitted Diseases* Vol. 35, no. 2: 141-146; Beattie, Tara SH & others, 2010. "Violence against female sex workers in Karnataka state, south India: impact on health, and reductions in violence following an intervention program." *BMC Public Health* Vol. 10: 476-577; Jenkins, Carol, The Cambodian Prostitutes' Union, Women's Network for Unity & Candice Sainsbury, 2006. "Violence and Exposure to HIV among Sex Workers in Phnom Penh, Cambodia." (Washington DC: The Policy Project, 2006)

12 For more see Jenkins, Carol, The Cambodian Prostitutes' Union, Women's Network for Unity & Candice Sainsbury, 2006. "Violence and Exposure to HIV among Sex Workers in Phnom Penh, Cambodia." Washington DC: The Policy Project.

13 For more see McMillan, Karen & Heather Worth, 2009. "Risky Business: Sex work and HIV prevention in Fiji." Sydney: International HIV Research Group, University of New South Wales; McMillan, Karen & Heather Worth, 2011. "Sex Workers and HIV Prevention in Fiji - after the Fiji Crimes Decree." Sydney: International HIV Research Group, University of New South Wales.

enforce condom usage, and twice as likely to be infected with sexually transmitted infections<sup>14</sup>.

### Violence against women, girls and drug use

- Evidence on the risk of women who use drugs to HIV or violence is sorely lacking. Women who use drugs face conditions of marginalization, criminalization and police surveillance, which can increase their risk of violence.
- In many countries, possession of drugs or injecting equipment can lead to criminal sanctions, including imprisonment and involuntary detention in treatment centers, sites where women are at particular risk for violence<sup>15</sup>.
- During drug searches women are at particular risk for rape, sexual exploitation and sexual harassment and because possession of drugs is criminalized women are unable to report abuses for fear of retribution<sup>16</sup>.
- Even when perpetrators are not the police, women who use drugs are reluctant to report violence<sup>17</sup>.

### Violence against adolescent girls, young women and HIV

- Age disaggregated data collection has been very limited despite some evidence to show young women's vulnerability to violence and HIV.
- Globally, the majority of sexually active girls aged 15–19 in developing countries are married, and these married adolescent girls tend to have higher rates of HIV infection than their sexually active, unmarried peers<sup>18</sup>.

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14 For more see Beattie, Tara SH & others, 2010. "Violence against female sex workers in Karnataka state, south India: impact on health, and reductions in violence following an intervention program." BMC Public Health Vol. 10: 476-577; Swain, Suvakanta N & others, 2011. "Experience of violence and adverse reproductive health outcomes, HIV risks among mobile female sex workers in India." BMC Public Health Vol. 11: 357-367; Decker, Michele & others, 2010. "Violence victimisation, sexual risk and sexually transmitted infection symptoms among female sex workers in Thailand." Sexually Transmitted Infections Vol. 86: 236-240.

15 HAARP, 2011. Understanding and responding to gender issues in substance use in South-East Asia: an analytical review, AUSAID.

16 Wolfe D, Saucier R., 2010. "In rehabilitation's name? Ending institutionalized cruelty and degrading treatment of people who use drugs." International Journal of Drug Policy, doi:10.1016

17 HAARP, 2011. Understanding and responding to gender issues in substance use in South-East Asia: an analytical review, AUSAID.

18 Bruce, Judith and Shelley Clark, 2004. "The implications of early marriage for HIV/AIDS policy," brief based on background paper prepared for the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents.



“Work to address the intersections between HIV and experiences of violence is crucial in order to prevent gender-based violence and lower HIV prevalence across the region.

STEPHANIE MIEDEMA,  
RESEARCH AND  
EVALUATION ANALYST,  
PARTNERS FOR  
PREVENTION

## Violence against women in humanitarian settings and HIV

- Evidence from the region on violence-against-women in conflict and post-conflict settings as well as its linkages to HIV risk is limited.

It is a pleasure for me as the consultant engaged by the IATT to develop the Discussion Paper to launch this e-discussion. We would like to hear your views on the information that has been identified above, on any programmes in the region that have been implemented to address HIV-VAW linkages and on recommendations and next steps, including addressing gaps in research.

Beginning today, this e-discussion will run for the duration of the 16 Days of Activism on Violence against Women, and be divided into two Parts:

Part 1 (26 November – 4 December): We would like to hear your views on HIV and VAW linkages in the region. This can include comments on the findings from the research highlighted above, or your experiences working on the issues and/or as a person impacted and affected by HIV.

Part 2 (4 – 10 December): We would like to hear from you about policies and programmes that will need to be implemented to address the dual challenges of HIV and VAW, including existing best practices from the region or beyond and new initiatives.

I look forward to your contributions and hope this dialogue will provide impetus to the work done in the region on addressing violence-against-women and HIV.

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## Contributors

The HIV-APCoP e-discussion received contributions, with thanks, from the following members. Contributions to the prior-held survey were anonymous.

- Leakhena Sieng, UNDP Cambodia
- Maria Nepel, PSMO/Gender focal point – UNAIDS, Papua New Guinea
- Neelanjana Mukhia
- Peterson Magoola, Programme Specialist, HIV and Gender, UNDP Papua New Guinea; Dr. Moale Kariko, Deputy Director, National AIDS Council Secretariat, Papua New Guinea; and Lone Lewis, Inaugural Professor of Counselling and Psychotherapy, Head of School of Counselling, Australian College of Applied Psychology
- Revati Chawla, NPO HIV & Youth, United Nations Population Fund, Colombo, Sri Lanka



- Sam Winter, University of Hong Kong
- Sangita Singh, HIV Programme Officer, HIV, Health and Development, UNDP APRC
- Silja Rajander, HIV Focal Point, UN Women in Cambodia
- Stephanie Miedema, Research and Evaluation Analyst, Partners for Prevention
- Susana Fried, Senior Gender Advisor, Bureau of Development Policy, HIV, Health and Development Practice, UNDP

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## Summary of Responses

There was widespread consensus among contributors that gender-based-violence (GBV), including violence-against-women, are issues of serious concern for the region. Stemming from a manifestation of unequal power relations between men and women, participants noted that traditional and cultural roles often perpetuate gender inequality and violence-against-women. It was also noted that much of the violence faced by women goes unreported. This may be a result of women being unaware of available services. While much has been done to put laws in place, one of the biggest challenges that remains is their implementation in providing equal access to justice, services and personal safety and well-being for those experiencing violence. For example, there are few legal, health and support services (in the context of HIV) available for survivors of violence in the region.

### Lack of evidence

- Many contributors expressed concern over the lack of evidence available on HIV and violence-against-women in the region. Without empirical evidence policy makers face challenges in developing and implementing policies and programmes that adequately address these linkages. Even when laws and policies do exist, there can sometimes be little effort made to actually implement them. For example, contribution from Papua New Guinea noted that there has been poor implementation of the HIV/AIDS Management and Prevention (HAMP) Act and the Family Law.
- Contributors noted that while there have been some attempts to collect data on VAW, including in instances of domestic rape, child sexual abuse etc., these surveys do not collect data on HIV linkages. Similarly, data on HIV also focuses narrowly on a person's behaviour and does not include their

qualitative experiences of violence and abuse, and therefore misses vital information that can be valuable for HIV prevention work.

Further to this, a contribution from UNDP in regards to sex workers noted, *"Violence against sex workers must be understood beyond the individual and within a context of widespread stigmatization of and discrimination against sex work and sex workers, which makes it difficult for sex workers to obtain protection from violence and to access support when they have experienced violence."* A regional research project, 'Sex work and violence: Understanding factors for safety and protection', is currently being conducted by UNDP, UNFPA, APNSW, CASAM, P4P and UNAIDS in Myanmar, Sri-Lanka, Indonesia and Nepal that looks at the intersection between HIV, sex work and violence. The study aims to, *"better understand the risk and protective factors associated with sex workers' exposure to violence and HIV (during and outside of sex work) and to inform policy and programmes to prevent and respond effectively to violence against female, male and transgender sex workers."*<sup>19</sup>

“Violence against sex workers must be understood beyond the individual and within a context of widespread stigmatization of and discrimination against sex work and sex workers, which makes it difficult for sex workers to obtain protection from violence and to access support when they have experienced violence.

SANGITA SINGH, HIV PROGRAMME OFFICER, HIV, HEALTH AND DEVELOPMENT, UNDP APRC

- Research conducted has led to establishing HIV and VAW linkages and produced effective recommendations. For example, *"Partners for Prevention is coordinating a regional multi-country study on men's perpetration of gender-based violence. The study, called "The Change Project"*<sup>[20]</sup>, *interviews men – and, in some sites, women as well – to explore men's use of violence and links to notions around masculinities. The study also looks at men's sexual health practices and sexual behavior patterns."* Findings of the study, conducted across six countries in Asia-Pacific, *"... point to a picture of women's limited ability to negotiate condom use, and vulnerability (of both women and men) to STIs and HIV. Both factors point toward partner relationships in which inequalities and power imbalances limit healthy sexual choices and equitable relationship dynamics. Work to address the intersections between HIV and experiences of violence is crucial in order to prevent gender-based violence and lower HIV prevalence across the region."* A member from UNAIDS PNG highlighted findings from a study in that country<sup>21</sup> that demonstrated that women who report child sexual abuse were twice as likely to be HIV positive and seven times more likely to engage in transactional sex. This evidence has since led to development of national policies and strategic plans to respond to HIV and gender-based violence in PNG and other countries in Asia and the Pacific.

19 A regional publication capturing the results of the study is to be released in 2013.

20 The results of the Change Project regional study will be launched in July 2013. For more information on the study visit <http://www.partners4prevention.org>.

21 Lewis et al. 2009. Final Report on Links between Violence against Women and the transmission of HIV in 4 provinces of Papua New Guinea, cited in the Commission on AIDS in the Pacific's 2009 report Turning the Tide: An OPEN Strategy for a response to AIDS in the Pacific.

### Lack of services

- In PNG and Cambodia, assessments that have been done on HIV and VAW services demonstrate serious gaps in services for survivors of VAW and almost no services for sex-workers, transgender people or men who have sex with men. For example, studies called on the importance of the need to address the gap in services in providing post-exposure-prophylaxis for survivors of sexual violence. Studies in each country also found that HIV and VAW programmes were run in parallel with poor communication and referral mechanisms. Contributors echoed these sentiments, *“HIV and Gender are seen as two separate and different problems. HIV is seen as a ‘health’ problem, while gender is seen as a ‘social and cultural’ problem. This kind of point of view influence the approach and methodology taken by the government into AIDS response.”*

### Key HIV affected populations face disproportionate violence

- Many contributors noted key HIV affected populations faced disproportionate violence, including female sex workers, transgender people and men who have sex with men. On violence faced by sex workers, a contribution from UN Women in Cambodia pointed out, *“Rates of violence are particularly high among female sex workers and transgender women in Cambodia. Jenkins’ 2006 study[22] on 500 freelance sex workers, of whom 14% were trans women, found that altogether 86.8% of female freelance sex workers had been raped in the past year, and this rate was higher at 90.8% among the trans women. Altogether 54.8% of female sex workers and 37.5% of trans women included in the study were gang raped by clients in the past year.”*

Sam Winters from the University of Hong Kong highlighted the extent of violence confronting transgender men and women. Noting the magnitude of the problem, he stated that according to the Transmurder Monitoring Project’s report<sup>23</sup>, between January 2008 and November 2012 a total of 1,080 transgender people have met violent deaths. In Asia and the Pacific, 20 were reported to have met violent deaths between November 2011 and November 2012. Transgender stigma has repercussions, which can *“...push trans people out of the social, economic and legal margins, leading to poor physical and emotional well-being and involvement in risky situations and risky behaviour patterns, and thence to sickness.”*

22 Jenkins, C. 2006. Violence and exposure to HIV among sex workers in Phnom Penh, Cambodia. The Policy Project, USAID. Accessible at <http://www.hivpolicy.org/Library/HPP001702.pdf>

23 Accessible at [http://www.transrespect-transphobia.org/en\\_US/tvt-project/tmm-results/tmor2012.htm](http://www.transrespect-transphobia.org/en_US/tvt-project/tmm-results/tmor2012.htm)

A number of commentators referred to institutional violence and violence perpetrated by law enforcement agents, most notably the police. In this regard mis-use and abuse of laws by police officers to harass, ill-treat and physically and sexually abuse sex workers were reported. *“Police officers treat them very badly, they use to drag their hair and hit by foot, use very bad words among the public.... Some police officers use to hit them till bleeding... sometimes FSWs have to provide sex while they are in the police.”* With Furthermore, Sam Winters commented, *“Healthcare that is poorly matched to trans people’s needs, delivered in a downright discriminatory fashion, or even withheld, aggravates health issues.”*

## Conclusions:

The contributions received to this HIV-APCoP e-discussion on linkages between violence-against-women and HIV have been instrumental in shaping the recommendations list below, which will be incorporated into the Discussion Paper.

“Healthcare that is poorly matched to trans people’s needs, delivered in a downright discriminatory fashion, or even withheld, aggravates health issues.

SAM WINTER, UNIVERSITY OF HONG KONG

### Research agenda

- Sex and age disaggregated data collection, across targets and indicators covering all key populations, should be encouraged, resourced and fast tracked so as to ensure gender analysis is integral to all HIV plans.
- Data collection of indicators on the prevalence of intimate partner violence should be encouraged, resourced and fast tracked and should cover all women at particular risk of HIV, including but not limited to sex workers, transgender population, women living with HIV and women who use drugs.
- Collect data on availability and accessibility of female condoms to all women, including but not limited to, female sex workers, and women living with HIV, married women, women who use drugs and other at risk women.
- Research the diverse and complex linkages between violence against women and HIV in the context of systemic gender inequality, poverty, and multiple discriminations, including but not limited to, women’s risk to violence and HIV in conflict, post-conflict and humanitarian settings; young women’s risk to violence and HIV, including in the context of early marriage; specific risks and vulnerabilities of lesbian, bisexual and transgender women, migrant and undocumented migrant women, female prisoners, women with disabilities and women in serodiscordant relationships.

- Map all perpetrators of violence against sex workers and understand the full range of violence they face, as well as protection factors that interrupt their risk for violence and HIV.
- Conduct research on the role of criminalization, police surveillance, harassment and violence in increasing HIV risks of sex workers and women who use drugs, including in health systems, detention centers, rehabilitation centers, and their impact on access to justice, HIV and harm reduction services.
- Conduct research on the gender specific risks and vulnerabilities of women who use drugs, including their fear of disclosure and risk for violence, gate-keeping by others, and their sexual and reproductive needs and rights.
- Expand the evidence base on what works by evaluating and showcasing interventions that address gender equality, violence against women and HIV, including evaluating the appropriateness of successful interventions for replication and scale-up. For example, there are a number of sex worker led initiatives in the region that should be costed and modeled for replication or scale up.

### Advocacy agenda

- Laws, policies and practices that discriminate against women and people living with HIV, should be reformed in line with internationally agreed human rights standards. In particular, countries should legislate against all forms of violence against women, including but not limited to, intimate partner violence, marital rape and sexual harassment
- Laws, policies and practices that undermine and erode national AIDS responses, such as criminalization of same sex practices, sex work and drug use; possession of condoms and clean needles as evidence for criminal sanction should be reformed.
- State institutions such as health systems and law enforcement machineries should follow a zero tolerance policy to stigma, discrimination and rights violations, sexual harassment and violence, especially directed at women living with HIV, sex workers, women who use drugs, transgender people and men who have sex with men, and ensure equal access to justice to all.
- Laws and policies that guarantee women's sexual and reproductive rights and prevent and redress violence against women should be resourced and strengthened to respond to all women's dual risk of violence and HIV. In particular, policies that hinder access to sexual and reproductive health

services and products to adolescent girls and unmarried women should be reformed.

- Greater coordination between line ministries should be prioritized and women's machineries should be resourced and strengthened, so that women's dual risk to violence and HIV is reduced.

### Interventions

- National HIV plans should integrate, cost, resource, evaluate and scale up interventions that integrate gender inequality and violence against women.
- National violence against women plans should integrate HIV components so as to respond to women's risk for HIV. Also, these and other gender equality plans and services should be monitored to ensure accessibility for all women, including sex workers, women living with HIV, women who use drugs, and others who are marginalized and hard to reach.
- HIV prevention programmes for young people should integrate gender equality components and challenge violence against women.
- Programmes for sex workers should acknowledge and address the full range of violence faced by them; facilitate and resource collective action; and ensure state institutions are accountable for preventing and redressing violence against sex workers regardless of who the perpetrator is.
- Programmes for people who use drugs should respond to needs and risks of women who use drugs, including their access to integrated HIV, harm reduction, sexual and reproductive health and violence response services.
- Different models of enhanced voluntary counseling and testing services and the provision of comprehensive post-rape care services, and other integrated services should be evaluated and costed for scale up and replication. Services should be periodically monitored to ensure accessibility for all women, including sex workers, women living with HIV, women who use drugs, and others who are marginalized and hard to reach.
- All HIV interventions and services should monitor the gender specific barriers and human rights impacts of their activities and remedy any adverse human rights outcomes, including heightened risk for violence.

“While we may not have all the evidence we need [in Cambodia], we clearly have enough to know that GBV is a critical issue to which HIV programs and interventions need to respond, and that these concerns and issues need to be integrated within and linked to broader programs and strategies that address GBV.

SILJA RAJANDER, HIV  
FOCAL POINT, UN WOMEN  
IN CAMBODIA

*This e-discussion, including all contributions in their entirety, can be accessed by visiting:*

<http://www.hivapcop.org/e-discussion-linkages-between-violence-against-women-and-hiv-asia-and-pacific>

***Resources cited in this e-discussion summary are available at the following links as well as in the HIV-APCoP Resources Document Library:***

Beattie, Tara SH & others, (2010). "Violence against female sex workers in Karnataka state, south India: impact on health, and reductions in violence following an intervention program." BMC Public Health Vol. 10: 476-577.

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Bruce, Judith and Shelley Clark, (2004). "The implications of early marriage for HIV/AIDS policy," brief based on background paper prepared for the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents.

<http://www.popcouncil.org/pdfs/CM.pdf>

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<http://www.ncbi.nlm.nih.gov/pubmed/19307351>



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## How can the HIV-APCoP help you?

- Provide access to important publications, presentations, tools, and other materials.
- Provide access to emerging and good practices across the region.
- Provide information on upcoming events related to HIV, gender, and human rights in the region.
- Provide peer-review for your studies and guidance to resources under development.
- Link you to professionals working on issues related to HIV, gender, and human rights.
- Provide technical advice on specific queries.

## How can you contribute?

- Share your organizations work on the HIV-APCoP through publications and best practices.
- Post details of upcoming events relevant to HIV, gender and human rights in the region.
- Respond to member's queries and share your expertise.
- Participate in e-discussions.
- Seek solutions to challenges encountered in work on issues associated with HIV, gender and human rights.

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